Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a alid OMB control number.

Onde	PATE	Applied of Stranger S										
		CLAIMS AS (Colu	NTITY	OR	OTHEF SMALL							
	FOR	NUMBE	NUMBER EXTRA			FEE		RATE	FEE			
FOR NUMBER FILED BASIC FEE (37 CFR 1.16(a))						7		s	OR		\$	
TOTAL	CLAIMS		minus 20 =	1.			x \$=		OR	x \$=		
INDEPENDENT CLAIMS			minus 3 =		ľ	x \$ =		OR	x \$=			
		UT CLAIM PRESEN		CER 1 16(d))		l	+\$ =		OR	+s =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) * If the difference in column 1 is less than zero, enter "0" in column 2.						L	TOTAL		OR	TOTAL		
,, ,,,												
CLAIMS AS AMENDED – PART II OD OTHER THAN												
	(Column 1) (Column 2) (Column 3)							NTITY	OR		ENTITY ,	
NT N		CLAIMS REMAINING AFTER AMENDMENT	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDF TIONAL FE/E	
	Total (37 CFR 1.16(c))	. 6	Minus *	20	-	\neg	x \$ =		OR	x \$=		
ᆝᄫᅡ	Independent (37 CFR 1.16(b))	. 2	Minus *	. 3			x \$=		OR	x \$=		
\\ \\ \	FIRST PRESENT	ATION OF MULTIPLE	R 1.16(d))		+\$ =		OR	+\$ =				
,							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
H	•	(Column 1)		(Column 2)	(Column 3)				-			
N N N		CLAIMS REMAINING AFTER AMENDMENT	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT, EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1,16(c))	. 6	Minus *		-		× \$=	7	OR	x \$=		
╽╘┼	Independent (37 CFR 1.16(b))	. 2	Minus *	3	=	_	x s=		OR	x \$=		
A A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	+ \$ =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
		(Column 1)		(Column 2)	(Column 3)				-			
NTC	1	CLAIMS REMAINING AFTER AMENDMENT	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE /		RATE	ADDI-/ TIONAL FEÆ	
	Total (37 CFR 1.16(c))	.0	Minus *	10	-		x \$=		OR	x s=		
ᅵᄫᅡ	Independent (37 CFR 1.16(b))	. 2	Minus	(3)		-	× \$=		OR	x \$=	7	
\\ \\ \	FIRST PRESENT	ATION OF MULTIPL		+s =	17	OR	+ s=					
 		· · · · · · · · · · · · · · · · · · ·				•	TOTAL ADD'L FEE	17	OR	TOTAL ADD'L FEE	1	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 7/31/2006. OMB 0651-0032

PTO/SB/06 (08-03)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Docket Number												
CLAIMS AS F	OR	R THAN ENTITY										
(Colur		(Column 2) NUMBER EXTRA			SMALL E	FEE		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))	11120	1,10,11,02		ı	INIL	\$	OR	,,,,,,,	s			
TOTAL CLAIMS	minus 20 =			ı	x \$ =		OR	x \$=				
INDEPENDENT CLAIMS	minus 3 =				x s =		OR	x \$ =				
MULTIPLE DEPENDENT CLAIM PRESENT		R 1.16(d))			+s =		OR	+s =				
 							OR	TOTAL				
'If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL												
1/1/5/101				014411		OR		RTHAN				
(Column 1)		(Column 2)	(Column 3)		SMALL E				ENTITY			
REMAINING AFTER AMENDMENT	PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	^	RATE	ADDI- TIONAL FEE			
AFTER AMENDMENT Total (37 CFR 1.16(b)) Independent (37 CFR 1.16(b)) Total (37 CFR 1.16(b))	Minus **	00	-		<u>x</u> .s=		OR	x \$=	/_			
Z Independent (37 CFR 1.16(b))	Minus ***	3	-	1	x \$=		OR	x s=				
FIRST PRESENTATION OF MULTIPLE	DEPENDENT (CLAIM (37 CF		+ \$ =		OR	+ \$=	/				
11.6					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				
(Column 1)		(Column 2)	(Column 3)				1		· · · · · · · · · · · · · · · · · · ·			
CLAIMS REMAINING AFTER AME SENT	PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<i>)</i> `	RATE	ADDI- TIONAL FEE,			
Total (37 CFR 1.16(c))	Minus **	20	-		x \$=	/	OR	x \$=	1			
AFTER AME DIENT Total (37 CFR 1.16(b)) Independent (37 CFR 1.16(b)) FIRST PRESENTATION OF MILL TIPLE	Minus ***	3	=	\vdash	x \$=		OR	x \$=				
FIRST PRESENTATION OF MULTIPLE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$=				
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				
(Column 1)	*V.	(Column 2)	(Column 3)									
CLAIMS REMAINING AFTER AMERICANENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL, FEE		RATE	ADDI- TIONAL FEE			
Total (37 CFR 1.16(c))	Minus **	20	=		x \$=		OR	x \$=	/_			
AFTER AMELOWINT Total (37 CFR 1.16(a)) Independent (37 CFR 1.16(b)) VERST PRESENTATION OF MULTIPLE	Minus ***	3	-		x \$=		OR	x \$=				
FIRST PRESENTATION OF MULTIPLE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$=/	1			
	<u></u> -			•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				
** If the "Highest Number Previously	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be;sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

										A	pplication	pr D	ocket Num	ber
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999													25	
CLAIMS AS FILED - PART I (Column 1) (Column 2)										LL I	ENTITY	OR	OTHER	
FC	R		NUMBE	R FILED	N	NUMBER EXTRA			RAT	E	FEE		RATE	FEE
BASIC FEE			44 00			345.00			OR	-	690.00			
TOTAL CLAIMS			[N			X\$ 9=				OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 = *						X39=			OR	X78=	
MU	LTIPLE DEPEN	DENT	CLAIM PI	RESENT					.120-				+260=	
* If	the difference	in colu	umn 1 is	less than ze	ro, ent	er "0" in c	olumn 2		+130=			OR	TOTAL	7 6
•									TOTA	ıL		OR		TUAN T
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									LLE	ENTITY	OR	OTHER SMALL	
ENT A	16	REM	AIMS NAINING FTER NDMENT		NU PRE\	SHEST IMBER VIOUSLY D FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	 5	Minus	** 6	30	= ~		X\$ 9	=		OR	X\$18=	—
ME	Independent	•	a	Minus	*** .	3	=	Ì	X39=	<u>. </u>	_	OR	X78=	_
1	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENDE	NT CLAIM		ŀ		_			.000	
	•				•			l	+130			OR	+260= TOTAL	
1								,	ADDIT. F			OR ,	ADDIT. FEE	
	EPIEDICANICA (EASE)		umn 1) AMS	Printer and the second		umn 2)	(Column 3)			_				
AMENDMENT B		REM A	AINING FTER NDMENT		NU PRE\	MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	<u> </u>	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total		2	Minus	** (<u> 20</u>	=		X\$ 9	-		OR	X\$18=	
ME	Independent	٠	1	Minus	***	3	=		X39=			OR.	X78=	·
	FIRST PRESE	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130	-		OR	+260=	
				BES	Τ Δ	VAII AI	BLE CO	P)	TOT DOIT F	AL EE		OR	TOTAL ADDIT, FEE	
		(Co	lumn 1)			umn 2)	(Column 3)	**						
AMENDMENT C		REN A	LAIMS MAINING FTER NOMENT		NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 4	<u> </u>	Minus	ے	<i>20</i>	=		X\$ 9	_		OR	X\$18=	
	Independent	ŀ		Minus	•••	3	= /	 	X39=			OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										=		OR	+260=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													

FORM PTO-875 (Rev. 12/99)